

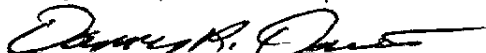


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000115782		
1. Entity Name D&D CLASSIC ROOFING, INC.		
Principal Place of Business 399 SEABULL AVE., SW PALM BAY, FL 32908	Mailing Address 399 SEABULL AVE., SW PALM BAY, FL 32908	
DO NOT WRITE IN THIS SPACE		
		01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 47-0933750
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MILLER, ALLEN 2087-A SARNO ROAD MELBOURNE, FL 32935		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	DAVIS, DANNY R	
STREET ADDRESS	399 SEABULL AVE., SW	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	D	
NAME	DAVIS, MATTHEW S	
STREET ADDRESS	399 SEABULL AVE., SW	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE	D	
NAME	JOHNSON, GLENN A	
STREET ADDRESS	1661 PARAGON RD., SE	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	D	
NAME	DAVIS, LOUELL B	
STREET ADDRESS	399 SEABULL AVE., S.W.	
CITY-ST-ZIP	PALM BAY, FL 32908	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		1-10-06 321-951-9291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone